



Rockville Swim and Fitness Center

Lifeguard Training Schedule December 2013 / January 2014

Become a Lifeguard!

The American Red Cross Lifeguard Training course will certify students in Lifeguard Training, CPR/AED for the Professional Rescuer, and First Aid. Students **must be 15 years old by the last day of the course** (proof of age required) and **pass a pre-screen test** (300 yard continuous swim with rhythmic breathing using front crawl or breast stroke, 10 lbs brick retrieval within one minute forty seconds and tread water using legs only for two minutes) on the first day of the session in order to continue participation in class. If a student does not pass the pre-screen, a course fee refund, minus \$10 administrative fee will be issued. Space is very limited. Class sessions will be held at the Rockville Swim and Fitness Center (355 Martins Lane Rockville MD 20850). A detailed Course Schedule / Syllabus will be provided on the first day of class. Students MUST attend all class sessions as scheduled.

Re-Certification Class Note: Students registering for a re-certification class must present their American Red Cross certification card on the first class session. Certifications must be current in order to participate in a re-certification class and Student must bring their CPR mask to class.



Lifeguard Training	\$195.00	All Materials Included
Lifeguard Training Re-Certification	\$125.00	Materials NOT Included.

REGISTRATION INFORMATION:

Fill out the form on the reverse side of this flyer. You can register **in person** at any City of Rockville Recreation and Parks Facility, **on-line** at <https://rockenroll.rockvillemd.gov/>, **by fax** (240-314-8759), or **by mail** (355 Martins Lane Rockville MD 20850). Payment is due at the time of registration. If you have any questions, please call the Rockville Swim and Fitness Center at 240-314-8750 or email: swimcenter@rockvillemd.gov. Make checks payable to: "The City of Rockville".

Lifeguard Training Course (Includes CPR/AED and First Aid) #46251

Day	Date	Times
Thursday	12/19/13	7:00pm-8:30pm
Friday	12/20/13	6:00pm-9:00pm
Saturday	12/21/13	11:00am-9:30pm
Sunday	12/22/13	9:00am-7:00pm
Monday	12/23/13	6:00pm-9:00pm

Lifeguard Re-Certification Course (Includes CPR/AED and First Aid) #46252

Day	Date	Times
Sunday	12/22/13	12:00pm-6:00pm
Monday	12/23/13	12:00pm-7:00pm

Lifeguard Re-Certification Course (Includes CPR/AED and First Aid) #46253

Day	Date	Times
Saturday	1/4/14	5:00pm-10:30pm
Sunday	1/5/14	2:00pm-10:30pm



Rockville Swim and Fitness Center
355 Martins Lane
Rockville MD 20850
240-314-8752
www.rockvillemd.gov/swimcenter



MAIN CONTACT: *required information*Home/Cell Phone: _____ ☐ Check here if new address/phone since last time registered.

*Last Name _____ First Name _____ DOB: / / Sex: M/F

*Address: _____

*City/State/Zip _____

*Work Phone _____ *Email Address: _____

EMERGENCY CONTACT: (other than parent or adult participant)

First Name _____ Last Name _____ Phone _____

PARTICIPANTS:

Name (Last, First)	Sex M/F	Birthdate M/D/Y	Activity/ Class Name	Course #	School Attending	Sch. Yr. 13-14 Grade	Fee

Rec Fund: \$ _____ Sr. Ctr. Mem: \$ _____ Multi-Course Discount: \$ _____

Additional Contribution to Recreation Fund: \$ _____



Total: \$ _____

Special Needs: Participants with special needs should contact our office three weeks prior to activity.

Release, Waiver, Assumption of Risk and Consent

Participation in the program may be a hazardous activity. Participant should not participate in the program unless participant is in good physical shape and is medically able. Participant (or parent or guardian on behalf of a minor child participant) assumes all risks associated with participation in this program, including but not limited to, those generally associated with this type of program, the hazards of traveling on public roads, of accidents, of illness, and of the forces of nature. In consideration of the right to participate in the program and in further consideration of the arrangement made for the participant by the Mayor and Council of Rockville through its Department of Recreation and Parks for food, travel, and recreation, the participant, his or her heirs, and executors, or a parent or guardian on behalf of a minor child participant, agrees to release and indemnify the Mayor and Council of the City of Rockville and all of its agents, officers and employees, from any and all claims for injuries or loss of any person or property which may arise out of or result from participation in the program. The participant (or the parent or guardian on behalf of a minor child participant) grants permission for a doctor or emergency medical technician to administer emergency treatment of the participant and consents to the City's use of photographs taken or videotapes made of the program that include the participant. Neither the instructor nor any of the staff are responsible for participants prior to or after the scheduled program.

*Signature of Participant/Guardian _____

PAYMENTAmount Paid \$ _____ Cash ☐ Check # _____☐  ☐  Exp. Date ____/____

Signature (name on card) _____

OFFICE USE ONLY:

Check _____ Cash _____ Charge _____

Other _____

Processed by: _____

Date Processed: _____

Total Paid: \$ _____